

VOID CHECK FORM

TRANS CODE: 450

EMPLOYEE NAME (FOR REFERENCE ONLY)

	COMPANY	EMPLOYEE	T	PAYMENT		PERIOD	Y
	NUMBER	NUMBER	D	CHECK NUMBER	CHECK DATE	END DATE	
	0 0						

EMPLOYEE NAME (FOR REFERENCE ONLY)

	COMPANY	EMPLOYEE	T	PAYMENT		(1) PERIOD	(1) Y
	NUMBER	NUMBER	D	CHECK NUMBER	CHECK DATE	END DATE	
	0 0						

EMPLOYEE NAME (FOR REFERENCE ONLY)

	COMPANY	EMPLOYEE	T	PAYMENT		PERIOD	Y
	NUMBER	NUMBER	D	CHECK NUMBER	CHECK DATE	END DATE	
	0 0						

EMPLOYEE NAME (FOR REFERENCE ONLY)

	COMPANY	EMPLOYEE	T	PAYMENT		(1) PERIOD	Y
	NUMBER	NUMBER	D	CHECK NUMBER	CHECK DATE	END DATE	
	0 0						

EMPLOYEE NAME (FOR REFERENCE ONLY)

	COMPANY	EMPLOYEE	T	PAYMENT		(1) PERIOD	Y
	NUMBER	NUMBER	D	CHECK NUMBER	CHECK DATE	END DATE	
	0 0						

(1) YQ INDICATOR

Y - YEAR TO DATE ONLY

Q - YEAR AND QUARTER TO DATE

C - YEAR AND PRIOR QUARTER

(1)

AUTHORIZED SIGNATURE (AGENCY)

DATE

KEYED BY (DOA)

DATE

Form PR-2
Rev 10/04